

Introduced by

Workforce Development Committee

(At the request of the North Dakota Board of Medicine)

1 A BILL for an Act to amend and reenact sections 43-17.3-01, 43-17.3-02, 43-17.3-03, and
2 43-17.3-04, subsection 1 of section 43-17.3-05, and section 43-17.3-07 of the North Dakota
3 Century Code, relating to the physician health program.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1. AMENDMENT.** Section 43-17.3-01 of the North Dakota Century Code is
6 amended and reenacted as follows:

7 **43-17.3-01. Definitions.**

8 As used in this chapter:

- 9 1. "Board" means the North Dakota board of medicine.
- 10 2. "Committee or designated agency" means a committee or delegated agency of the
11 physician health program which is composed of physicians and other professionals
12 who have expertise in the areas of alcoholism, drug abuse, or mental illness and
13 which is designated by the physician health program to perform any or all of the
14 activities set forth in section 43-17.3-02 pursuant to agreement with the board.
- 15 3. "Impairment" means the presence of any physical, mental, or behavioral disorder or
16 pattern of alcohol or substance ~~abuse~~use which interferes with a licensee's ability to
17 engage safely in professional activities.
- 18 4. "Licensee" means a physician or other health professional under the jurisdiction of the
19 board, and includes an applicant for licensure or regulation by the board.
- 20 5. "Participant" means an individual enrolled in the physician health program.
- 21 6. "Physician health program" or "program" means a board-sanctioned program for the
22 detection, intervention, and monitoring of licensees with conditions that could result in
23 impairment.

1 7. "Student" means an individual studying under a medical doctor program or physician
2 assistant program in this state.

3 ~~6-8.~~ "Treatment plan" means a plan of care, rehabilitation, monitoring and maintenance,
4 followup, or aftercare services or combination of any of these services provided by an
5 organization or by an individual authorized by the board or the physician health
6 program to provide such services for a licensee taking part in the physician health
7 program.

8 **SECTION 2. AMENDMENT.** Section 43-17.3-02 of the North Dakota Century Code is
9 amended and reenacted as follows:

10 **43-17.3-02. Physician health program.**

- 11 1. The board may enter an agreement with the physician health program for the program
12 to undertake those functions and responsibilities specified in the agreement. The
13 functions and responsibilities of the agreement may include any or all of the following:
- 14 a. Contracting with agencies or providers of diagnostic, monitoring, or treatment
15 services;
 - 16 b. Receiving and evaluating reports of licensees or students who may be
17 experiencing potentially impairing conditions;
 - 18 c. Intervening in cases in which a licensee or student is determined to be in need of
19 treatment;
 - 20 d. Referring licensees or students to appropriate services;
 - 21 e. Monitoring the treatment and aftercare services provided to licensees or
22 students;
 - 23 f. Educating licensees, students, and the public about the functions of the program
24 and the program's relationship to the board; and
 - 25 g. Performing other activities as agreed upon by the board and the physician health
26 program.
- 27 2. The board may participate, through its licensing fees or other specified funds, in the
28 funding of the physician health program.

29 **SECTION 3. AMENDMENT.** Section 43-17.3-03 of the North Dakota Century Code is
30 amended and reenacted as follows:

1 **43-17.3-03. Physician health program requirements.**

2 In consultation with the board, the physician health program shall develop procedures for:

3 1. Periodic reporting of statistical information regarding physician health program activity.

4 2. Periodic disclosure and joint review of information the board deems appropriate
5 regarding reports received, contacts of investigations made, and the disposition of
6 each case. Except as expressly provided under this chapter, the physician health
7 program may not disclose any personally identifiable information about ~~licensee-~~
8 participants other than board-ordered participants.

9 3. Immediate reporting to the board or governing institution the identity and results of any
10 contact or investigation concerning an impaired licensee or student who is believed to
11 constitute an imminent danger to the public or to the ~~licensee~~individual.

12 4. Reporting a licensee to the board, or student to the appropriate governing institute, in
13 a timely fashion, the identity and results of any contact or investigation concerning a
14 potentially impaired ~~licensee~~participant:

15 a. Who refuses to cooperate with the program;

16 b. Who refuses to submit to evaluation or treatment;

17 c. Who is not in compliance with a contractual treatment plan; or

18 d. Whose possible impairment is not substantially alleviated through treatment and:

19 (1) Who the program determines is unable to practice professionally with
20 reasonable skill and safety by reason of illness related to the abuse of
21 alcohol or other substances or as a result of any physical or mental
22 condition; or

23 (2) Who may pose a threat to the health or safety of any individual.

24 5. Reporting to the board, in a timely fashion, the identity of any licensee participant
25 regarding whom the program learns of the filing of any disciplinary charges or actions
26 or violations of chapter 43-17.

27 6. Entering contractual agreements with each participant in the program which make
28 clear the program procedures, the responsibilities of program participants, and the
29 consequences of noncompliance with the program or with contractual agreements,
30 including the program's reporting obligations to the board.

1 7. A policy by which a participant may obtain a second opinion review of
2 recommendations by the program regarding assessment, monitoring, or treatment.

3 **SECTION 4. AMENDMENT.** Section 43-17.3-04 of the North Dakota Century Code is
4 amended and reenacted as follows:

5 **43-17.3-04. Evaluation.**

6 If the board determines a licensee currently exhibits possible impairment, the board may
7 direct that an evaluation of the licensee be ~~conducted~~facilitated by the physician health program
8 or by the committee or designated agency for the purpose of determining whether there is a
9 current need for treatment or monitoring of the licensee to assure the licensee is able to
10 practice safely. The physician health program shall report the findings of this evaluation to the
11 board. ~~As a condition of application, every applicant for initial licensure or renewal of licensure~~
12 ~~shall agree to submit to such an evaluation for cause within a specified time frame, and to the~~
13 ~~release of the results of the evaluation to the board.~~

14 **SECTION 5. AMENDMENT.** Subsection 1 of section 43-17.3-05 of the North Dakota
15 Century Code is amended and reenacted as follows:

16 1. A licensee or student may voluntarily self-refer or self-report to the physician health
17 program or the board ~~that the licensee may have~~for a potentially impairing condition.

18 **SECTION 6. AMENDMENT.** Section 43-17.3-07 of the North Dakota Century Code is
19 amended and reenacted as follows:

20 **43-17.3-07. Confidentiality of records.**

21 1. Notwithstanding section 44-04-18, except as otherwise provided in this chapter, all
22 physician health program records containing identifying information about a licensee
23 participant are confidential and may not be disclosed:

- 24 a. To any third person, unless disclosure is reasonably necessary for the
25 accomplishment of the purposes of intervention, rehabilitation, referral
26 assistance, or support services; or
27 b. In any legal or administrative proceeding, unless privilege or disclosure is
28 otherwise required by law, requested by the board for formal disciplinary action,
29 or regarding participant noncompliance with the program.

30 2. Except as provided under this section, a staff member handling records for
31 administrative purposes; a person engaged by the program to perform evaluations,

1 monitoring, or followup; and a person in attendance at any meeting of a physician
2 health program or of a committee or designated agency may not be required to testify
3 as to the content of any findings, committee discussion, or proceedings, unless
4 requested by the board for a disciplinary proceeding or regarding participant
5 noncompliance with the program.